

Livewell Southwest

Appraisal and Line Management Policy

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Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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V3.4	Minor amend	February 2017	Deputy Head of HR (Developments)	Updates to appraisal paperwork.

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Appraisal and Line Management Policy

1 Introduction

- 1.1 It is the policy of the Livewell Southwest (LSW) that all staff will take part in the staff appraisal process, and receive regular line management. Clinical staff may also be required to participate in Practice Supervision (See Practice Supervision Policy) and Caseload Management Guidance currently being drafted.
- 1.2 Staff appraisal is seen as a key component of good management practice, and research evidence shows that regular appraisal has a direct and positive impact on both organisational performance and people who use our services. The appraisal process aims to strike a balance between identifying achievements, reviewing competence and performance, agreeing objectives, and identifying any training and development needs.
- 1.3 At the end of the process staff will have set objectives and identified any development needs. LSW will ensure that all staff have access to the appropriate training and development opportunities to enable them to meet the core competencies for their post, and any objectives and / or development needs as set out in their appraisal.
- 1.4 LSW also recognises the importance of effective line management of all staff, including those who are managers themselves. Regular line management should result in better communication, clearer priorities and objectives, improved performance and motivation, and early warning of any problems staff and managers are encountering.
- 1.5 Appraiser is the Line Manager and Appraisee is the employee.

2 Purpose

- 2.1 The purpose of this document is to advise all employees of their responsibilities in relation to staff appraisal and line management, and to provide detailed guidance for staff and managers on the operation of the process and the action required to meet the requirements.
- 2.2 LSW has separate policies for Performance Management, Practice Supervision and Caseload Management Guidance (currently being drafted) which should be read in conjunction with this policy.
- 2.3 Please note the appraisal documentation forms are now provided as a separate document rather than an appendix to this document.
- 2.4 **The potential benefits of this process include the following:**
 - Better communication between managers and staff.
 - Greater clarity of objectives and priorities.
 - Improved performance.
 - Improved motivation.
 - Early warning of any actual or potential problems.
 - Support tailored to the individual's needs.

- Better relationships arising from constructive feedback.
- Better use of individual skills and experience.
- Better monitoring of individual workload and support mechanisms.
- Time for reflection on the role by postholder and manager.

3 Duties for both the appraisal and the line management process:

3.1 Directors and Locality Managers will be responsible for:

- Implementing and monitoring this policy within their service areas, which includes ensuring that all staff and managers participate fully, and taking appropriate action if this is not the case.
- Determining which managers are responsible for carrying out appraisal and supervision for specific employees, and ensuring no individual has to appraise or line manage more than 10 staff.
- Ensuring that the job descriptions for all management and team leader posts within their Locality specify the requirement to carry out appraisals and supervision, and that this important role is monitored.
- Ensuring that staff have access to appraisal and line management training when indicated.
- Receiving regular reports from Business Intelligence.

3.2 The Director of Professional Practice, Quality & Safety will be responsible for:

- Supporting the implementation of the policy.
- Monitoring implementation of the policy across LSW, including equality.
- Presenting regular reports on compliance for managers and the Safety, Quality and Performance Committee (SQP).
- Reviewing and updating the appraisal and line management policy.

3.3 Appraisers (line managers or delegated senior team members) will be responsible for:

- Ensuring that all staff within their service area participates in an annual appraisal and regular line management.
- Arranging and carrying out the appraisal and line management meetings for the staff they line manage, and maintaining appraisal records within the electronic system/staff records.
- Ensuring, where appropriate, that colleagues such as professional leads, or clinical leads are involved in the appraisal process (Section 6).
- Attending training to develop and maintain skills to carry out appraisals and supervision effectively.
- Delegating appraisals/supervision as appropriate within the team structure and ensuring all appraisers receive appropriate training.
- Ensuring appraisees receive appropriate support and guidance to allow them to fully participate in the appraisal process.
- Ensuring a current agreed KSF outline for the post is in place prior to the appraisal taking place. This outline should be reviewed when assessing competence for the role.

- Completing relevant documentation and uploading onto ESR via Self-Serve. Except training needs document which should be emailed as per Appraisal form to Professional Training & Development.
- Notifying the relevant Locality Manager or Director / Deputy Locality Manager or Deputy Director if there are any issues preventing regular appraisal and line management within the team.
- Identifying appropriate learning and development opportunities for staff.
- Supporting individuals in their agreed development activities.
- Providing a supportive structure and environment as well as overall holistic approach to appraisal.
- Making appropriate adjustments to support any staff with disabilities or other special needs to take part in the process.

3.4 The Training Department will be responsible for:

- The provision of appropriate training and awareness sessions for managers and staff.
- Supporting the implementation of the policy,
- Monitoring implementation of the policy across LSW through training.
- Producing regular reports on training needs and themes for managers and the Safety, Quality and Performance Committee (SQP).
- Collating professional and personal development needs from the appraisal uploading and using it to inform the training plan in the future.
- Ensuring that information regarding training needs feeds into the training strategy and annual plan.

3.5 Appraises will be responsible for:

- Actively participating in the review of their own development and progress towards agreed objectives via appraisal and supervision.
- Preparing for their appraisal (reasonable work time will be given to prepare, dependant on role).
- Requesting an appraisal or supervision meeting if needed and alerting the line manager to any problems.
- Completing relevant documentation with their appraiser (please see separate document).
- Collecting evidence throughout the year to demonstrate competence in their role.
- Undertaking agreed development and applying the learning in the workplace and providing evidence of this.

4 Definitions

Glossary of terms and abbreviations used in this policy

KSF	The NHS Knowledge and Skills Framework.
Dimensions	Dimensions form the main components of the KSF framework. There are core and specific dimensions
Indicators	These describe the level at which knowledge and skills need to be applied.

Level Descriptors	Each dimension has a level description which shows successively more advanced levels of knowledge and skill.
Gateways	Defined points in a pay band where decisions about pay progression are made on the basis of an assessment of the application of knowledge and skills.
PDN	Personal Development Needs
CPD	Continuing Professional Development
Evidence	Proof of an individual's work and/or development, which may be written or electronic. All identifiers should be anonymised.
NVQ	National Vocational Qualification
KSF Post Outline	This identifies the knowledge and skills that individuals need to apply in their post.
SMART	Objectives should be Specific, Measurable, Agreed, Resourced, Realistic and Time-Bound.
LSW	Livewell Southwest
Appraisal	A process for reviewing staff performance and agreeing Personal Development Needs
Line management	A process of regular meetings between an employee and their line manager designed to support the employee and allow for discussion and resolution of any problem areas with their work.
Practice Supervision	A practice focussed professional relationship, involving a practitioner reflecting on practice guided by a skilled supervisor (NMC definition) Practice Supervision Policy v4 (on Health net)
Caseload Management Guidance	The process of reviewing an individual's caseload and record keeping on a regular basis, via structured meetings with the line manager, using any relevant caseload weighting tools. (Caseload Management Guidance currently being drafted)
ESR	Electronic Staff Record
DDA	Disability Discrimination Act
SQP	Safety, Quality and Performance Committee
HR	Human Resources Department
WTE	Whole Time Equivalent
PTD	Professional Training and Development (including Training Team)

5 Principles of the appraisal and line management process

5.1 All staff with substantive contracts including fixed term contracts will participate in this appraisal and line management process, including an annual appraisal meeting. All staff as above should have an annual appraisal and regular agreed line management unless there are exceptional circumstances such as extended periods of leave, service delivery pressures or staff sickness.

5.2 This process and individual objectives should be aligned to meet the Organisations aims of being:

- Recognised employee led organisation.
- Sustainable, successful and admired.
- Providing seamless system leadership.
- Based around local people and communities.
- Experience exceeds expectation.



5.3 Individual objectives set should also reflect the 6C's of Care, Compassion, Communication, Courage, Commitment and Competence (NHS England, 2012).

5.4 All new staff following their induction should start to work on their PDN after four weeks. This PDN must be completed within three months. This will identify development needs including any mandatory training. This will facilitate them to pass through the foundation gateway. They should also receive regular line management to prepare them for an appraisal after 12 months in post.

5.5 Some staff groups e.g. Dentists, Doctors and Adult Social Care have a different process but still need to participate in an annual appraisal.

5.6 It is important that the ongoing line management and annual appraisal meetings should be a positive, constructive and motivational experience. Line management meetings will normally be carried out on a one-to-one basis by the employee's direct line manager – the frequency should ideally be mutually agreed, but should not exceed 12 weeks; in addition there will be an annual appraisal.

5.7 It would be difficult for any full WTE appraiser to supervise more than 10 appraisees, given the amount of time required to monitor their performance and support their development. When determining the number of employees to be appraised the appraisers should take in account their own WTE to reflect numbers to be appraised. Where this occurs, it is recommended that the appraiser discuss this with their own line manager to consider whether the team could be restructured, or some of the appraisals delegated. Where appraisals are delegated, then suitable guidance and training must be provided.

5.8 Prior to undertaking appraisals and supervision, all managers/appraisers will participate in appropriate training to fulfil this role.

5.9 Appraisers will provide feedback to staff on their performance through regular line management throughout the year, and therefore there should be 'no surprises' at the appraisal meeting. If any problems have been identified with the appraisee's work or development during the year, these should be addressed at the time they arise, and not left until the appraisal meeting. Where issues of poor performance are identified, these should be dealt with separately using LSW's Performance Management Policy.

5.10 Appraisees should have confidence that the outcome of the appraisal meeting will be shared only with colleagues who have a legitimate need to know, appraisees to be notified accordingly.

5.11 The appraisal and line management process will be conducted in accordance with

good employment practice in terms of ensuring equality of opportunity and management of diversity.

- 5.12 Locality Managers will be monitoring whether appraisals are up to date. In addition to central reporting, appraisers may also keep the relevant Locality Manager informed of progress using a template (see Appendix B as an example).

6 Who should be involved in the appraisal and line management supervision process?

- 6.1 Appraisal and line management meetings will normally be carried out on a one-to-one basis by the employee's direct line manager. It is important that the appraisal process should feel supportive to the appraisee, and not intimidating.
- 6.2 In some cases, it may be appropriate for individuals other than the employee's direct line manager to be involved in the process at some stage. For example:
- The employee may have more than one line manager/appraiser due to having a split post or working across partner organisations.
 - The employee may be in a rotational post.
 - The team may be too large for one senior individual to undertake all the appraisals personally, in which case other senior colleagues can act as appraisers by local agreement.
 - The line manager may be from a different profession, in which case it is essential that colleagues either from different speciality, professional practice are involved. A peer review process would also enable competencies to be assessed from a professional or clinical perspective.
 - The employee may have spent all or part of the previous year undertaking a project or secondment in another area.
- 6.3 In such cases, an agreement should be reached after commencement in their role, and well in advance of the appraisal date as to who will be responsible for the ongoing line management and appraisal. If the appraisee is agreeable, then a joint appraisal meeting could be held with two appraisers. Alternatively, separate pre-meetings could be held, and the appraisal meeting could be used to summarise and pull the outcomes of the discussions together.

7 Objectives of the appraisal and line management meetings

7.1 The appraisal meeting will have the following main objectives:

- To review and update the employee's Job Description / core competencies – for guidance on reviewing job descriptions please see [Job Description & Person Specification Guidance v1:6](#)
- To assess competence in the role and prepare for revalidation / professional re-registration – for some staff it could be that appraisal should be immediately before re-registration to aid preparation.
- To discuss aspirations, reflect on the past year and acknowledge sound performance. Any Performance Issues being addressed should be briefly recorded but managed under the Performance Management Policy.
- To agree development needs based on the above.

- To review the employee's performance against any other agreed objectives, and to set objectives for the next 12 months.
- To set objectives for the next 12 months in the context of any relevant team/ Locality / Organisational objectives.
- To discuss health and wellbeing but any issues raised should be addressed through appropriate route.
- To discuss other related issues such as secondary employment and conflicts of interest (acceptance of Gifts / Hospitality Policy (incorporating declarations of interest) which might impact on job performance and individual wellbeing.

7.2 The objectives of line management meetings are as follows:

- To discuss any changes to the responsibilities listed in the job description, or other aspects of the job role.
- To review individual workload, performance and professional development.
- To provide support, coaching and guidance.
- To offer feedback to the staff member about their performance.
- To discuss strengths and achievements as well as concerns, or perceived gaps in knowledge or skills.
- To assess competence in the role and prepare for revalidation / professional re-registration.
- To agree, review and evaluate goals and action plans.
- To follow up any issues discussed at the annual appraisal meeting.
- To discuss any issues relating to the team which cannot appropriately be discussed at team meetings.
- To exchange information relating to individual practice and developments within the Team, Locality and Organisation.
- To discuss any other concerns and ask questions.
- To review individual attendance and any absences from the workplace.

8 Appraisal Meetings – Guidance

8.1 Introduction

- 8.1.1 The annual Appraisal meeting offers protected time for each member of staff to meet with their appraiser to discuss their achievements and progress, and agree ways to develop their knowledge and skills and any previously agreed objectives.
- 8.1.2 The meeting should allow for an open discussion about performance, achievements, and development needs, so that the appraisee is equipped to fulfil the role expected of them.
- 8.1.3 The appraiser will initiate the process each year by contacting the appraisee to agree a date, time and suitable venue (where you will not be disturbed by calls or visitors) for the appraisal meeting.
- 8.1.4 As a general guide, you should allow about two hours for the meeting, although you may not use all of this time. It will depend on the individual appraisee, how they are getting on, and the nature of the job. This time must be ring-fenced.
- 8.1.5 Once you have set a date for the meeting, make sure you keep to it. Changing the

agreed date will undermine the process.

8.1.6 LSW is currently working towards developing a robust competency process that will ensure a centralised approach. It is understood that some areas do not have competencies currently but as and when competencies are agreed and ratified it is expected that they will become part of the appraisal process.

8.2 Preparation

8.2.1 Appraiser and appraisee should both prepare for the meeting by reviewing the current job description, any LSW competencies specific to their role, personal development plan, and any paperwork from the last appraisal meeting.

8.2.2 Good preparation is very important and the following will be needed:

- Adequate notice and protected time to prepare (appraisal preparation should be done in work time);
- A copy of any competencies relevant to the role;
- Evidence of revalidation / professional re- registration work;
- A copy of the relevant job description;
- A copy of the paperwork from the last appraisal (if available);
- The appraisal paperwork (available as a separate document);
- The Portfolio / evidence the employee has been collecting all year to demonstrate application of the knowledge and skills;
- Evidence of any issues raised in the previous 12 months and any action taken.

8.2.3 If the appraisee has any problems accessing or completing the paperwork, help and advice should be offered. The paperwork has been designed to meet the needs of the majority of staff. Amended paperwork can be agreed to suit particular staff groups in discussion with the Human Resources team.

8.2.4 Prepare by looking at the areas covered by the appraisal paperwork and (for the appraisee) pulling together the evidence that has been collected over the past 12 months to answer the questions within the paperwork and questions regarding competence and professional re-registration where appropriate. This will help you both focus on areas that are going well and help to identify any areas for improvement - make sure you have specific examples.

8.3 The Appraisal Meeting

8.3.1 The appraiser and the appraisee then meet to review the application of knowledge and skills as identified, produce a development plan, and discuss the previous year's performance.

8.3.2 During the meeting, both parties will need to use good communication skills such as active listening and asking open questions so as both parties feel involved. The paperwork should support the discussion.

8.3.3 The discussion should focus on a fair and accurate summary of work performance, achievements and development over the review period; provide a basis for planning development for the coming year. It should consider how competence has been achieved and evidenced, and record development needs and opportunities in

relation to performance.

- 8.3.4 When reviewing individual performance, the discussion should focus on how the appraisee has demonstrated and maintained competence over the year and addressed development needs and opportunities. It is best to keep focussed on actual examples of work in order to enable a more constructive discussion. The appraiser may offer constructive feedback, backed up with specific facts and examples.
- 8.3.5 The manager should ensure that the appraisee is aware of any Organisational, Locality or team objectives relevant to their work which would influence any personal objectives set at the appraisal.
- 8.3.6 During the meeting, the learning and development needs to become competent and maintain competence for the post should be discussed, as well as including any statutory and mandatory training. Development activities need to be considered in the light of organisational and service priorities and therefore should be linked to the appraisee's objectives. It should be borne in mind that, whilst making every effort to support training and development activities, LSW may not always be able to meet individual interests and career aspirations.
- 8.3.7 Bear in mind, that formal training and education courses are not the only options for development. There are many others, such as coaching, mentoring and job shadowing, all of which can develop an individual's skills and knowledge.
- 8.3.8 By the end of the meeting, there should be agreement on:
- The level of competence.
 - Any development needs for the coming year.
 - Progress made towards any previously agreed objectives.
 - Objectives for the next 12 months.
 - Level of competence for the role, evidence of competence and preparation for revalidation / professional re-registering.
- 8.3.9 Conclude the meeting by summarising what has been agreed and setting a review date (next line management meeting) for approximately 2-3 months (or as agreed within the service area).

8.4 After the meeting

- 8.4.1 The appraisal paperwork will be jointly completed and signed by both appraiser and appraisee within four weeks of the appraisal meeting. Both parties will retain a copy for use during the year at supervision meetings, and at the next appraisal meeting. The appraiser and appraisee should ensure they follow up any agreed action points.
- 8.4.2 If agreement cannot be reached please see section 11.2.
- 8.4.3 A copy of the appraisal is to be entered onto ESR by the appraiser / line manager and this will ensure team and locality objectives are aligned.

8.4.4 A copy of the Development Plan must be sent to Professional Training and Development, Top Floor Beauchamp Centre.

9 Line Management - Guidance

- Before undertaking management supervision, managers must be familiar with this policy and undertake training if required.
- It is recommended that each member of staff should meet with their designated line manager at least once every 3 months for line management.
- As part of their own professional development, managers need to review their competence in terms of this role, and be open to feedback from others including their own team as to their management style.
- Line management should be a structured and consistent process involving regular meetings between the manager and each team member.
- The meetings should be held in a suitable location where privacy can be assured. Arrangements should be made to avoid interruptions.
- The frequency of such meetings will depend on a number of factors, including the needs of the department and staff group, the nature of the work, the pace of change within that area of work, and how experienced the employee is. In general, a meeting at least every 3 months is recommended, in which case every fourth meeting would be the formal appraisal meeting. Managers who meet with their staff more frequently than this may wish to review the frequency of meetings and the documentation. In general, if more frequent meetings are appropriate, then the level of documentation per meeting could be lighter with some issues reviewed every 3 months.
- If extra support and supervision is needed (e.g. more frequent meetings), then this can be agreed between the line manager and the member of staff.
- Line management should be a confidential activity with clear boundaries. The only exceptions are if an unsafe, unethical or illegal practice issue is identified where the appropriate procedures have not been followed, then advice would be sought from an appropriate manager, professional lead or senior supervisor.
- The Record of Line management (Appendix A) details the issues to be discussed during the meeting.
- A written record of the meeting will be kept, and this will be signed by both parties. The original will be kept by the line manager in the employee's personal file, and the employee will also have a copy.
- The Team/Unit Manager is responsible for taking all necessary actions to ensure quality and regularity of supervision.
- Line management is therefore an opportunity to flag up any changes which may be required in performance or behaviour. The manager should monitor progress and review the situation at the next meeting to ensure the change has taken place.

Failure to address problems undermines the manager and has a negative impact on team work.

10 Collection of Evidence for the appraisal (this could also be discussed within Line Management)

10.1 All staff need to collect evidence of competence throughout the year. There are examples of portfolio evidence for those requiring re-registering of their professional qualification. Examples of possible evidence are as follows:

- Certificates – ideally with evidence of how the learning has been applied.
- Learning logs – what you learned and how you are using your learning in your work.
- Your own written account of things you have done, which may include how you did it, what you achieved, what you learned, and/or how you would do it better next time e.g. a meeting you attend and what you have contributed. Sometimes called “reflective practice”.
- Anything relevant from your personal / professional portfolio e.g. reflective log, description of how you have changed your practice.
- Your notes from meetings with coach, mentor, tutor, clinical supervisor, and peer review sessions etc.
- Feedback from clients/patients/customers e.g. thank you letters.
- Results of questionnaires/surveys.
- Feedback from colleagues/manager/staff (could be based on their observation of your work, teaching, giving a presentation, etc).
- Copies of e-mails or other paperwork indicating achievement of tasks.
- Minutes of meetings you attend. May include evidence about how the team has developed the service. May include record of team achievements in last 12 months. May show your contribution and suggestions.
- Witness statement/feedback from work based assessor/ trainer.
- Results of any audits or evaluations of your work.
- Reports from external assessments of your work area e.g. Healthcare Commission, Investors in People.
- Report on how you have dealt with complaints or significant incidents i.e. what happened and what you have done to reduce risks and improve the service.
- Reading.
- Participation in Research, Mentoring, Professional Organisations.
- Photos (if appropriate).

It is much better to collect this evidence throughout the year rather than leave it to the last minute.

To ensure adherence to the Data Protection Act, please remove all third party information or pseudonymised unless explicit consent received from person referenced.

11 Exceptional Circumstances

11.1.1 Discussing difficult issues and giving feedback during supervision

11.1.2 Occasionally, individual performance or behaviour may fall short of requirements and it is the role of the line manager to work with the individual to address this. The first step of this process is simply to ensure that the individual is aware of the standards required. Whilst this should normally be achieved through basic induction and training, sometimes requirements change and staff must be made aware of this.

11.1.3 When the need to give feedback arises, there are some guidelines to follow, please see Appendix D.

11.1.4 If the issues remain unresolved, then LSW's Performance Management Policy gives further guidance. By having separate meetings specifically to discuss the performance problem, this allows support mechanisms such as line management and appraisal to continue.

11.1.5 The Disciplinary Policy should be used only where issues of misconduct are identified, either during supervision or in some other way.

11.2 Disagreement between line manager and appraisee about the outcome of an appraisal or line management meeting.

11.2.1 If the individual member of staff and their manager/appraiser cannot agree, either one has the right to seek support on an informal local basis from a third party, such as a senior manager, professional lead, someone from the HR department, or a Trade Union representative. This third person may seek further information from the manager and/or the individual member of staff. If the informal process cannot address the problem, then the individual member of staff can take their case through local grievance procedures.

11.3 Gateway Review / Deferral of Pay Progression

11.3.1 There is a normal expectation of progression for every individual within the pay band. If there are issues with individuals developing or applying their knowledge and skills, these must be addressed before the Gateway review.

11.3.2 Deferral of pay progression is therefore considered to be exceptional and managers must consult their HR Representative before taking action.

11.3.3 Pay progression cannot be deferred unless there has been prior discussion, which should be recorded, about the knowledge and skills that the individual needs to develop and apply, and the member of staff has been given the support and opportunity to achieve the necessary development.

11.3.4 If the individual has not provided sufficient evidence of applying their knowledge and skills against the KSF outline to pass through a Gateway, and it is agreed that s/he needs to undertake further development, the reasons for deferral should be clearly identified and documented together with those aspects of the NHS KSF outline still to be achieved. A date for reviewing this position should be set. Once there is agreement that the individual can meet the NHS KSF post outline, then pay progression resumes from that date.

11.3.5 Exceptional Grounds for Deferral of Pay Progression are set out in the Terms and

Conditions of Service Handbook item 6.26 and 6.27 and are reproduced here for ease of reference:

- 11.3.6 “6.26 Where significant weaknesses in performance in the current post have been identified and discussed and documented with the staff member concerned and have not been resolved despite opportunities for appropriate training/development and support, exceptionally pay progression may be deferred at any pay point until the problems are resolved”.
- 11.3.7 “6.27 Significant weaknesses are those which prevent a staff member from continuing to apply consistently, across a recognised normal workload, the knowledge and skills specified under the (relevant Gateway), without continued supervision and support appropriate to that post.”
- 11.3.8 If the employee is unable to demonstrate the application of the necessary skills for the appropriate gateway due to organisational issues, then the pay increment will not be withheld. Reasons for this might include staffing shortages, financial constraints limiting the training available, inadequate support from manager etc. The reasons must be addressed urgently, the development required must be provided as priority, and the situation must be clearly recorded.
- 11.3.9 If deferment is confirmed, it is the line manager’s responsibility to ensure that the Payroll and HR department have all necessary details relating to dates of deferment and subsequently when deferment is lifted. Payroll will automatically apply pay increments unless notified of a deferment.
- 11.3.10 If it is agreed to defer pay progression because the individual has not applied the knowledge and skills detailed in the KSF post outline for that Gateway, then individuals will stay on that incremental point until it is agreed that they are able to do so. Their pay progression will resume from the point when they do apply the requisite knowledge and skills. Pay will not be backdated in these circumstances, as the individual was not able to meet the required level of knowledge and skills.
- 11.3.11 All deferment decisions will be reviewed by the Head of HR to ensure fairness and consistency across the organisation.
- 11.3.12 For further information on pay Gateways please see Hyperlinks to KSF Handbook and AFC Handbook below.

<http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/nhs-terms-and-conditions-of-service-handbook>

<http://www.nhsemployers.org/your-workforce/retain-and-improve/managing-your-workforce/appraisals/simplified-ksf>

12 Monitoring Compliance and Effectiveness

- 12.1 Compliance with appraisal is monitored centrally via the Performance Databook, and the production by the training department of a training needs analysis following receipt of Development Needs. Reports go to the SQP Committee. Managers are expected to take any action required to ensure all staff are receiving regular appraisals.

- 12.2 The annual staff survey also gives an indicator of the percentage of staff receiving appraisal and their opinions on the quality of the appraisal meeting.
- 12.3 Compliance with local requirements for line management will be monitored by the relevant Locality Manager / Deputy or other nominated lead.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Professional Practice, Safety & Quality.

Date: 26 March 2015

Appendix 3

The 5 aims

➤ **A recognised employee led organisation**

We are all proud of each other, we all have a part to play
The quality of our staff directly impacts on quality of care for people and their families
We will work together as a team sharing a common goal
We all have the opportunity to influence our organisation
We are equally respectful and celebrate the expertise, skill and care of our staff
We understand how valuable we are and what role we play,
We communicate with each other well and know what is going on
We reward and invest in our teams to encourage innovation and continual improvement

➤ **Based around local people and communities**

We are about people not profit, we will reinvest in local communities
We organise ourselves around people and their communities
We have locality structures that make sense to local people built around their GP surgeries and hospitals
We maximize independence and home life
We reduce dependency on care and institutions and increase social inclusion

➤ **Providing seamless system leadership**

We work closely with people, families and local partners
We support partners, other agencies and local interest groups with system leadership to be stronger together
We reduce negative transitions between children and adult services, health and social care services, acute and community services

➤ **Where experience exceeds expectations**

We will give confidence to local people and communities that their support will be safe and caring
We will use systems that enable us to prevent harm or distress rather than those that learn only by reacting to harm and distress
We will actively seek and listen to the views of people who experience our service to learn what to do better
Our staff will be leaders for quality and safety

➤ **Sustainable, successful and admired**

We will grow in order to achieve our aims, we will be large enough to be consistent and small enough to care
We will make maximum impact with minimum cost reinvesting efficiencies within our teams our partners and local communities
We will be the best at what we do and will celebrate the expertise and successes of

our local people, families and staff
We will share and grow our successes with others
We will lead by example raising the standards of experience for all people

Appendix 5

Guidance on Giving Feedback

Firstly Feedback can be positive!

Behaviour	I really appreciated your help with that presentation yesterday.
Outcome	That saved me a lot of time.
Feelings	I feel much more confident about the information.

Choose your time and place

Give feedback at an appropriate time when the receiver is likely to be receptive. Privacy and confidentiality are important – don't criticise staff in front of patients or colleagues. Feedback is most effective when given immediately or soon after the behaviour has occurred. Don't wait until the next appraisal/supervision meeting to mention something which happened months ago.

Focus on behaviour not personality

Describe what the person has actually done rather than your inference about their character or personality. "Your desk is untidy" rather than "you are a disorganised person". People can change their behaviour if they know exactly what it is that needs changing.

Be specific, concise and factual

Get to the point and tell the person exactly what the problem is. Give concrete examples and check your facts first.

Be assertive not aggressive – be clear what changes you would like to see

Follow the simple format in this example:

Behaviour	Your desk is very untidy and you are behind with your filing.
Outcome	This means that colleagues are unable to find things when you are out of the office.
Feelings	I feel annoyed that so much time is being spent searching for things in your office.
Future	I would like you to keep up to date with your filing so that others can find things when you are away.

Discussion about why the problem has arisen, and what support the individual might need to help them improve can then follow.

Allow the person to comment – listen and be open to additional information

People often react badly to criticism, and may well be defensive. The individual may wish to respond with justification for their behaviour. It is important to listen carefully and consider whether their comments are valid. What might seem like "excuses" can be valid issues which need to be addressed.

Allow time for reflection

If the feedback has come as a shock to the individual, then it is reasonable to allow them some time to reflect. Because most people are reluctant to give feedback, individuals may have been doing something “wrong” for a long time. Often people will be reluctant to admit they are “wrong” but the behaviour will often change once the feedback has been given. Allow people to retreat with dignity! What you want is the behaviour change – public admission of failure is not usually necessary! The exception would be where you want the individual to apologise – be aware that it takes a lot more to do this.

Using Questions as feedback

Sometimes a question can be more effective than a comment/opinion.

How about: “What would you do differently next time?” or “How do you think that went?” instead of “You didn’t make a very good job of that and what you should have done was.....”

The person might need a bit of time to think about this, so resist the temptation to jump in too soon with your own analysis or solutions.

Most people want to do a good job and be respected by colleagues.
Give the individual the benefit of the doubt in the first instance.